BLOCK 550 LOT 2 QUALIFICATION CODE _____ ADDRESS (SITE) 2709 OLD HOOPER PERMIT NO. 12-3844

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 2709 OLD HOOPER
2. Name of Owner in Fee: LOUIS ROSSILLI
   Tel. [redacted] e-mail _____
   Address 481 PRINCETON BLVD BRICK NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OWNER Tel. _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____ ✓
6. Responsible Person in Charge once Work has Begun _____
   Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	→Update
1. Building	$ ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories _____	
2. Height of Structure _____ ft.	
3. Area — Largest Floor _____ sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load _____	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed _____ sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	8,000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

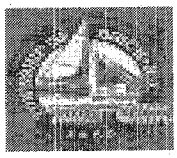
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/15/2016
Control Number C-12-005062
Permit Number 12-3844
Permit Issue Date 12/21/2012
Certificate Number 12-3844

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2709 HOOPER AVE. Brick Township, NJ Block: 550 Lot: 2 Qual:

Owner in Fee: 2709 OLD HOOPER AVENUE LLC

Owner Address: 481 PRINCETON AVENUE BRICK NJ 08724

Telephone:

Contractor AVH Demolition Inc

Address 317 E. Lacey Rd. Forked River NJ 08731

Telephone: (732) 684-2500 Fax: (609) 242-4203

License Number or Builders Registration Number: 13vh06407200 Federal Emp. Number: 201481573

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING DEMO building due to sandy

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (X) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X Louis Rossetti Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/21/12
Control # 12-3844
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 550 Lot 2 Qualification Code

Work Site Location 2709 Hooper Ave

Owner in Fee: Louis Rossilli

Tel [redacted] e-mail

Address 481 Princeton Ave
street municipality zip code

Contractor: AVH Demo LLC Tel. ( )

Address 37E. Lacey Rd Forked River, NJ e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 11-1-16 IW
Approved by: Acting

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/26/16 IW	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 8,000
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: X
Print name here: Louis Rossilli 12/21/12

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo SFD

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

DUPLICATE TICKET
MAZZA & SONS, INC 02 688586
DEP# 1335001136
3230 SHAFTO RD TINTON FALLS NJ

10/07/13 10/07/13 12:26 13:14 323 AVH

000255 AVH TRUCKING

FORKED RIVER NJ 08731 100 YDS BRICK, OCEAN

Scale 2 Gross Wt.	78540	LB
Scale 3 Tare Wt.	37100	LB
Net Weight	41440	LB

Inbound - Charge ticket

20.72 TON c&d walking floors

SALES TAX	0.00
FUEL SRCHG	0.00
RE TAX	0.00
ENVIRO FEE	

type.

DUPLICATE TICKET
MAZZA & SONS, INC 02 688586
DEP# 1336001136
3230 SHAFTO RD TINTON FALLS NJ

10/07/13 10/07/13 12:26 13:14 323 AVH

000255 AVH TRUCKING

FORKED RIVER NJ 08731 100 YDS BRICK, OCEAN

Scale 2 Gross Wt.	78540	LB
Scale 3 Tare Wt.	37100	LB
Net Weight	41440	LB

Inbound - Charge ticket

20.72 TON c&d walking floors 62.16

SALES TAX	0.00
FUEL SRCHG	0.00
RE TAX	0.00
ENVIRO FEE	

type.

12-3899

732 262 4604

AVH DEMOLITION, LLC
317 East Lacey Road
Apt. H
Forked River, New Jersey 08731
732-684-2500
609-242-4203 Fax
AVHDEMO2000@yahoo.com

Permit 1312-384Y

Proposal

December 7, 2012

Louis Rossilli
481 Princeton Avenue
Brick, NJ 08724
732-903-6911 Fax
732-903-6910 Phone

Job: **Old Hooper Avenue**
Brick, New Jersey 08724

Demolish office and remove foundation, sidewalk
Backfill crawl space up to grade
Cap sewer and water ** ($500.00 extra, if AVH Demolition is awarded the entire job the cost will include the capping of the water and sewer for $8,000.00)**

Cost of Job:	**$ 8,000.00**
Start of Job:	**$ 4,000.00**
Balance at end of Job:	**$ 4,000.00**

All work will be performed in a neat and workman-like manor.

Notice: Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate.

Antonio Simoes

Antonio Simoes

10/23
D and B 6100000
U.B.S

Louis Rossilli

If AVH Demolition is awarded job, please sign and fax a copy to the number listed above. Thank you

File 2709 Hooper

sent TO Trenton UP

Demo

INVOICE

AVH Demolition, LLC
317 East Lacey Road, Apt H,
Forked River, NJ 08731
732-684-2500 609 242 1203 Fax

DATE: OCTOBER 23, 2013
INVOICE # 001

TO **Louis Rossilli**
481 Princeton Avenue
Brick, NJ 08724
732-903-6911 Fax
732-903-6910 Phone
Louisr8723@comcast.net

OPERATOR	JOB	PAYMENT TERMS	DUE DATE
Antonio Simoes	Old Hooper Avenue Brick, New Jersey	Upon Receipt	Upon Receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	**Balance Due**	$1,000.00	$1,000.00

Cut and Cap Water and Sewer	**Paid**	**$500.00**
Paid w/ Check 1031	**Paid**	**$6,000.00**
Total Paid to AVH Demolition		**$6,500.00**
Balance Due		**$1,000.00**

Make all checks payable to AVH Demolition, LLC

Thank you for your business!

Total

Pay Capital One

Charge 2709 Hooper

PA check 608 11/11/13

TOTAL **$1,000.00**

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/21/2012
Control # C-12-005062
Date Issued 12/21/2012
Permit # 12-3844

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 550 Lot 2 Qualification Code _____

Work Site Location: 2709 HOOPER AVE. Brick Township, NJ

Owner in Fee: 2709 OLD HOOPER AVENUE LLC

Address 481 PRINCETON AVENUE BRICK NJ 08724

Tel. _____ Email _____

Contractor: AVH Demolition Inc

Address 317 E. Lacey Rd. Forked River NJ 08731

Email _____

Tel. (732) 684-2500 Fax. (609) 242-4203

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvment Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. 201481573

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5
Constr. Class Present _____ Proposed _____
Number of Stories _____
Height of Structure _____ Ft.
Area - Largest Floor _____ Sq. Ft.
New Blbg. Area / All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

If Industrial Building:
State Approved _____
HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. _____
2. Rehabilitation _____
3. Total (1+2) $8,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

_____
Signature

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION SINGLE FAMILY DWELLING, DEMO building due to sandy

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Other _____
- ☑ Demolition

FEE (Office Use Only)

	$60
Administrative Surcharge	
Minimum Fee	$75
State Permit Surcharge Fee	
TOTAL FEE	

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 12/21/2012
Control # C-12-005062
Permit # 12-3844

IDENTIFICATION Block: 550 Lot: 2 Qualifier
Work Site Location: 2709 HOOPER AVE. Brick Township, NJ
Contractor AVH Demolition Inc
Address 317 E. Lacey Rd. Forked River NJ 08731

Owner in Fee 2709 OLD HOOPER AVENUE LLC
481 PRINCETON AVENUE BRICK NJ 08724
Telephone:
Telephone: (732) 684-2500
Lic. No. or Bldrs. Reg. No. 13vh06407200
Federal Employee. No. 201481573

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
DEMOLITION SINGLE FAMILY DWELLING DEMO building due to sandy

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $8,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$0
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR **4 GOLD - APPLICANT**

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Jersey Central®
Power & Light
A FirstEnergy Company

417 New Jersey Ave
Point Pleasant Beach NJ 08742

December 6, 2012

Ref: DR #328082028

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

2709 Hooper Ave
Brick, NJ 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Maureen Strittmatter

Maureen Strittmatter
Distribution Specialist

MS/ld

demoltr.pf1

L-1730.17

New Jersey Resources

December 14, 2012

Mr. L. Rosselli
481 Princeton Avenue
Brick, NJ 08724

RE: 2709 Old Hooper Avenue-Brick
Gas Service Retired due to Hurricane Sandy

Dear

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

************IMPORTANT************

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. **Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. NBPT
File

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
AVH Demolition, LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

10/31/2011 TO 12/31/2012
VALID

13VH06407200
License/Registration/Certificate #

SIGNATURE

DIRECTOR

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

JAMES F. LACEY, C.P.W.M.
Executive Director

December 20, 2012

2709 OLD HOOPER AVE LLC
2709 HOOPER AVE
BRICK, NJ 08723-4107

Account: 9936004-0
Service Location: 2709 HOOPER AVE
Block: 550_2
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverly

BEVERLY
Customer accounts representative

TOWNSHIP OF BRICK
Debris form

Work Site Address: 2709 HOOPER AVE BRICK N.J 08724

Block: 550 Lot: 2

Contractor: AVH DEMOLITION LLC

Contractor's Address: 37E LACEY RD FORKED RIVER N.J 08731

Type of Construction (minor, new home): DEMOLITION

Type of Debris (shingles, siding, wood, etc.): WOOD MASONRY SIDEING ETC

Party responsible for removal: CONTRACTOR

Dumpster size: _____

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

_____ _____

Signature Date

_____

Print Name